

Making Referrals to Literacy Programs

– Guidelines for Providers –

Literacy: the strongest predictor of health status

Chances are high that you provide care and/or information to some of the 90 million people in the United States whose health may be at risk due to difficulty in understanding and acting on health information.

This difficulty may be a result of limited literacy skills. You may be surprised to learn that literacy is a stronger predictor of an individual's health status than age, income, employment status, education level, and racial or ethnic group.

"Literacy" is more than the ability to read; it also refers to the ability to function in society and to understand and act on information, such as basic health information. As you become more aware of the signs, prevalence and implications of low health literacy, you may identify patients who could benefit from the support in a literacy program.

Making successful referrals

The following guidelines from the literacy specialists from the Partnership for Clear Health Communication can help you make referrals to local literacy support programs that may increase the reading and functional skills of the people under your care. In some cases, this may give a patient a significant opportunity for successfully managing their health and improving their health outcomes.

The Four "B's"

Addressing literacy limitations can be a sensitive situation for you and your patient. Many people with low literacy skills are articulate and have well-practiced coping mechanisms that help them function in society and at work, while trying to avoid the stigma and embarrassment that surrounds difficulties with reading. They may mask their limitations from even those closest to them. Certainly, not every provider is comfortable discussing literacy difficulties that may be affecting someone's understanding of their health information. However, if you are interested in broaching the subject, you can more comfortably and confidently recommend that a patient seek support from a literacy program by following the "four B's":

Be Informed. Be Caring. Be Realistic. Be There.

Be Informed

- A growing body of evidence links health literacy – the ability to read, understand and effectively use basic medical instructions and information – to health outcomes.
 - Health information is usually presented at the 10th grade reading level or higher, but the average American reads at the 8th to 9th grade level. Most patients, regardless of their reading or language skills, prefer medical information that is simple and easy to understand.
 - www.AskMe3.org provides access to free tools that foster clear health communication in practice, as well as additional background on health literacy. If your organization creates patient education materials, you may want to learn about a method of preparing health care information that is easy to read, called the Principles for Clear Health Communication.
- You and your staff may want to learn about variety of programs offered by literacy support organizations in your area. Different people need different services, such as those designed specifically for people with learning disabilities, or for people learning English as a second language to name just a few.
- Patients or members of your practice can locate an appropriate program locally by contacting the **National Institute for Literacy** (NIFL) Hotline at 800-228-8813 (<http://www.literacydirectory.org>) or **ProLiteracy Worldwide** at 888-528-2224 (<http://www.proliteracy.org/locator>). Both organizations' toll-free numbers and websites let users locate literacy programs by entering their zip code or the state where they live.
 - Your state's director of adult education is another source to find out about federally funded programs. Programs for individual states can be found by calling the **National Adult Education Professional Development Consortium** at 202-624-5250, or by visiting its website (<http://www.naepdc.org/members/members.html>).
 - Patients without Internet access or who are uncomfortable using the telephone may need extra help to access this information. You can suggest that they:
 - Get the information from a local library's information desk
 - Ask a caseworker, counselor, family friend or relative to help them visit the website or make the phone call
 - Ask your staff for assistance (if you are in a situation where you can offer this as a resource)

Be Caring

- Some people are afraid to ask questions of their health care providers due to embarrassment or fear. Create a safe environment where patients feel comfortable talking openly with you. If you approach the subject too bluntly, you risk losing the opportunity to help.
- A good way to begin this discussion is to say, “A lot of people need help with reading and writing” or, if appropriate to the situation, something more specific such as, “A lot of people say that these are difficult forms to fill out,” or, “They could make these forms easier for people to understand.”
- Stress that patients “need help with reading,” as opposed to suggesting they need to “learn to read.” Ask them to describe struggles. Empathize with their situation. Non-judgmentally listen to their concerns and fears. Assure them they’re not alone in facing this kind of challenge. Help them to envision the benefits they may experience in many areas of their lives by seeking help.
 - Without infringing on other patients’ confidentiality, you may want to mention that as more people want to know more about their health care, you are seeing more situations where some help is needed with reading. This may help a patient be more comfortable with a recommendation that they seek literacy help.
- Explain why you are suggesting they seek help. The ability to better understand health information may mean they will be more comfortable talking with doctors, and be better able to prevent some health. When they do have a health concern, a better understanding of what they need to do may also enable them to recover faster.
- If a person remains reluctant to get help, ask why: sometimes, a brief conversation can reduce the barrier. For example, ask “is there is something I can do to make you feel more comfortable?”

Be Realistic

- Many local literacy programs operate with few resources, and sometimes have lengthy waiting lists. If you decide you want to make a referral, let patients know this in advance, and encourage them to not get discouraged.
- Understand that not everyone you encourage to seek support will do so. Be mindful when your advice starts to be viewed as “preaching.” Recognize that the person may be glad to know you cared enough about to make the recommendation to begin with, even if they don’t follow up. Many adults may take months or years before deciding to seek help. Don’t assume that a patient will take your referral and immediately sign up for a program.

- Also be mindful that it is typical for adults to cycle in and out of literacy programs. Don't treat this as a crisis.

Be There

- Don't stop the dialogue after the initial referral. Let patients know that you are eager to hear about their future progress if they choose to share it with you.
- When patients do share their progress, congratulate them on their victories. Reinforce the health benefits that they may experience by improving their ability to read and understand information.
- Only you can determine if it's appropriate to make a literacy referral for your patient. If you want to consult with a literacy expert, contact a literacy program in your area. To identify a local literacy program, contact **ProLiteracy Worldwide** at 888-528-2224 or **NIFL** at 800- 228-8813.
- To learn more about literacy, the following website offers a number of facts and statistics: http://www.nifl.gov/lincs/facts_statistics/facts_statistics.html

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These Literacy Program Referral Guidelines were developed by literacy experts from California Literacy, Inc. – a member of the Partnership for Clear Health Communication – as well as the National Institute for Literacy. For more information on health literacy, please visit www.AskMe3.org.